

HEALTH, DENTAL & LIFE INSURANCE RATES FOR 2007

Rates Effective as of January 1, 2007

The plan rates for 2007 are shown in the table below. You and MIT share in the cost of this coverage. The premiums below are the cost to you based on your pay period.

HEALTH PLAN	FACULTY/STAFF MONTHLY RATES	SUPPORT/SERVICE WEEKLY RATES
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Health Maintenance Organizations (HMO)

Traditional MIT Health Plan

Individual	\$118.00	\$24.92
Family	\$357.00	\$76.62

Network Blue New England

Individual	\$136.00	\$ 29.08
Family	\$404.00	\$ 87.46

Tufts Health Plan

Individual	\$ 173.00	\$ 37.62
Family	\$ 500.00	\$ 109.62

Point of Service (POS)

Flexible MIT Health Plan

Individual	\$193.00	\$ 42.23
Family	\$552.00	\$121.62

BCBS Blue Choice

Individual	\$268.00	\$ 59.54
Family	\$747.00	\$166.62

Preferred Provider Organization (PPO)

BCBS Blue Care Elect

Individual	\$293.00	\$65.31
Family	\$812.00	\$181.62

DENTAL PLAN

Delta Dental Plan

Individual	\$9.56	\$2.21
Family	\$46.05	\$10.63

SUPPLEMENTAL LIFE

Age on January 1	Monthly Cost per \$1,000 of Coverage
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Under age 30	\$.043
Age 30–39	\$.056
Age 40–44	\$.071
Age 45–49	\$.140
Age 50–54	\$.211
Age 55–59	\$.337
Age 60–64	\$.465
Age 65–69	\$.816
Age 70–74	\$1.299
Age 75–79	\$1.970
Age 80+	\$3.003

Note: Supplemental life insurance may be purchased in amounts of one to five times base annual salary. Available amounts will be reduced at age 65. This coverage is purchased on an after-tax-basis.

Flexible Spending Account

2006 Maximum Employee Annual Contributions

Health Care Reimbursement Account
\$8,000.00

Dependent Care Reimbursement Account
\$5,000.00

